



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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4 May 2010

Ms Mary So
Clerk to Panel
Panel on Health Services
Legislative Council
8 Jackson Road
Central

Dear Ms So,

Community support services for ex-mentally ill persons

At the joint meeting of the Panel on Health Services and the Panel on Welfare Services held on 30 September 2009, the Administration was requested to provide a written response to the views/suggestions given by deputations/individuals on “community support services for ex-mentally ill persons” to facilitate the panels’ further discussion on the subject matter as necessary. Our response to the views/suggestions is provided in Annex A. The response of the Labour and Welfare Bureau and the Social Welfare Department has been included.

Subsequent to the joint meeting and having taken into account the comments and views received, we have introduced in this financial year some new initiatives to improve our mental health services. These new initiatives are contained in our written response in Annex A. At the upcoming meeting of the Panel on Health Services to be held on 11 May 2010, we will present a paper entitled “New Mental Health Service Programmes in the Hospital Authority” to provide further details of the new initiatives. A copy of the panel paper is at Annex B.

Yours sincerely,

(Miss Gloria LO)
for Secretary for Food and Health

The Administration's responses to views/suggestions given by deputations/individuals on "Community support services for ex-mentally ill persons" at joint meeting of the Panel on Health Services and Panel on Welfare Services on 30 September 2009

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
1. Long-term policy on mental health		
The Hong Kong Council of Social Service [LC Paper No. CB(2)2572/08-09(04)]	(a) The Working Group on Mental Health Services should expedite its work in mapping out the long-term development of mental health services.	<p>The Working Group on Mental Health Services is chaired by the Secretary for Food and Health and comprises relevant professionals and service providers, academics, representatives of the Labour and Welfare Bureau (LWB), Hospital Authority (HA) and Social Welfare Department (SWD). The purpose of the Working Group is to assist the Government in reviewing existing mental health services. On the long term development of the mental health services, it will be examined and planned under the overall framework of healthcare reform and the Working Group will also continue to deliberate on it on an ongoing basis.</p> <p>The Working Group has set up a Subgroup to conduct in-depth study on the demand for mental health services and the relevant policy measures. Under the Subgroup, three expert groups comprising professionals with relevant expertise have been set up to study the service needs of three different age groups, including adolescents, adults and elders. After studies and deliberation, the expert groups have affirmed the importance of early identification and treatment as well as the service direction of enhancing community care for patients.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
		<p>The Government will continue to keep its mental health services under review and adjusts or enhances the services in response to changes in social circumstances and service needs. Having regard to the deliberations in the Working Group and its Subgroup/expert groups, we have introduced new initiatives to enhance mental health services in 2010-11. We will continue to formulate and prioritise the service improvement measures in the light of the views of the Working Group and its Sub-group and expert groups.</p>
<p>The Democratic Party [LC Paper No. CB(2)2547/08-09(01)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	<p>(b) The Administration should come up with a long-term mental health policy, including introducing a community treatment order to require psychiatric patients to receive treatment or care and supervision while living in the community, having regard to the trend to shift the focus from in-patient care to community care in mental health services.</p>	<p><u>Response to items 1(b), 1(c) and 1(d)</u></p> <p>The Government is committed to ensuring that a comprehensive range of mental health services, including prevention, early identification, medical treatment, rehabilitation and community support services, are provided to those in need on a continuous basis. We promote the use of a multi-disciplinary and cross-sectoral team approach in delivering mental health services with a view to catering for the needs of mental patients in a holistic manner.</p>
<p>Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)]</p>	<p>(c) The existing community support services for ex-mentally ill persons are fragmented. The Administration should enhance collaboration amongst the Food and Health Bureau, the Labour and Welfare Bureau, the Hospital Authority (HA), the Department of Health, the Social Welfare Department (SWD), the non-governmental organisations (NGOs) and other relevant parties to ensure that mental</p>	<p>FHB assumes the responsibility of coordinating the policies and programmes on mental health. It works closely with LWB and coordinates with various government departments and agencies including HA, DH and SWD in the provision of medical and rehabilitation services to patients with mental health problems through an integrated and multi-disciplinary</p>

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	health services are delivered under a multi-disciplinary team approach and in a co-ordinated manner.	
<p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	(d) The Administration should devise a comprehensive and long-term policy on mental health, including establishing service indicators. Specifically, a mental health bureau should be set up as a multi-disciplinary team to co-ordinate policy formulation and programme delivery on mental health.	<p>approach. We also through the Working Group on Mental Health Services review existing services on a continuous basis. The Working Group is chaired by the Secretary for Food and Health and its membership comprises stakeholders with relevant expertise and experience in the relevant sectors. The Government takes into account their views in making adjustment to existing services or formulating new service initiatives. The existing system has worked well to provide coordinated and comprehensive services to mental patients. FHB will continue to strengthen its coordinating role on matters relating to mental health and work closely with various departments and agencies in formulating appropriate policy and measures.</p> <p>Allowing the early discharge of mental patients with stabilized condition to receive treatment in the community can facilitate their rehabilitation and reduce the chance of relapse of their illness. It is the international trend to focus on community and ambulatory services in the treatment of mental illness. In view of this, the Government has provided additional allocation to HA to implement a series of new initiatives in recent years to strengthen community psychiatric services. These include the "Extending Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone" (EXITERS) project to provide rehabilitation training to long stay psychiatric patients to facilitate their early discharge and</p>

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		<p>re-integration into the community, launching a pilot programme to provide post-discharge community support to frequently readmitted psychiatric patients, and the "Recovery Support Programme" to provide recovery community support to discharged psychiatric patients. To further strengthen the support for mental patients in the community, HA has piloted the case management programme in individual districts (Kwun Tong, Kwai Tsing and Yuen Long) in 2010-11 to provide continuous and personalized intensive support to patients with severe mental illness in the community settings.</p> <p>The long-term development of mental health services will be examined and planned under the overall framework of healthcare reform. Meanwhile, the Government will continue to keep its mental health services under review and consider reviewing the relevant legislations as necessary in response to changes in social circumstances and service needs.</p>
<p>精神病康復者同路人小組 [LC Paper No. CB(2)2572/08-09(06)]</p>	<p>(e) The Administration should enhance the participation of persons with disabilities in the formulation of relevant policies. Consideration should be given to inviting representatives of self-help organisations (SHOs) for ex-mentally ill persons to sit on the Working Group on Mental Health Services.</p>	<p>One of the policy objectives of the Government on promoting the development of self-help organizations for persons with disabilities (PWDs) is to encourage the active participation of PWDs and self-help organizations in the formulation of rehabilitation policies so as to ensure that planned services are tailored in a way such that the special needs of PWDs can be met. In this regard, it has been an established practice to invite representatives of self-help</p>

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		<p>organisations to actively participate in the development of rehabilitation policies and services.</p> <p>As far as mental health service is concerned, the Working Group on Mental Health Services is widely represented by the experts and stakeholders in various sectors. HA also meets with relevant non-governmental organizations and patient groups from time to time to gauge their views on the development of mental health services. The Government will continue to consult relevant parties in formulating and implementing its mental health policy and services.</p>
<p>Tung Wah Group of Hospitals Wong Chuk Hang Complex [LC Paper No. CB(2)2572/08-09(08)]</p>	<p>(f) The Administration should promote district-based rehabilitation services for mental patients and set up a platform to facilitate regular communication between the medical and social rehabilitation service providers.</p>	<p>As detailed in the response under <u>items 1(b), 1(c) and 1(d)</u>, in the light of the direction of enhancing community and ambulatory care in the treatment of mental illness, the Government has provided additional allocation to HA to strengthen community psychiatric services in recent years.</p> <p>In providing community support services to mental patients, relevant Government bureaux/departments and service agencies work in close collaboration to ensure the coordinated planning and delivery of the service to take care of the needs of the patients effectively. At the service planning level, FHB works closely with LWB in matters related to the direction of service development, while HA Head Office and SWD Headquarters regularly discuss the interface of their</p>

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		<p>service strategies through established channels. At the service delivery level, healthcare staff of HA and service providers of the social welfare sector maintain regular communication regarding the provision of the community support services and the care for individual service users at the district-level liaison meetings convened by HA.</p> <p>To facilitate the implementation of the new service initiatives, HA and SWD have further set up new communication platform at both the headquarters and district levels to further enhance the collaboration among HA, SWD, NGOs and other relevant parties.</p>
<p>Equal Opportunities Commission [LC Paper No. CB(2)2525/08-09(03)]</p>	<p>(g) Apart from the health and welfare sectors, representatives from the education, criminal justice and employment sectors, as well as service users should be represented on the Working Group so as to facilitate the formulation of a more comprehensive policy on mental health. The Administration should also take into account all forms of population diversity, e.g. language, culture and religion, when formulating its mental health policy to ensure appropriate access and treatment for all groups.</p>	<p>The Government is committed to promoting the mental health of the entire population, irrespective of their age, gender and cultural background. Please refer to the response under <u>items 1(b), 1(c) and 1(d)</u> for details of the mental health policy of the Government.</p> <p>For details of the Working Group on Mental Health Services, please refer to the response under <u>item 1(a)</u>. The Government will continue to consult relevant parties in formulating and implementing its mental health policy and services.</p>
<p>Equal Opportunities Commission</p>	<p>(h) The Administration should expeditiously set up a comprehensive data collection system for</p>	<p>At present, the clinical management system of HA contains various information about the treatment of HA</p>

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<p>[LC Paper No. CB(2)2525/08-09(03)]</p> <p>Society for Community Organization/ Concern Group on People with Mental Illness</p> <p>[LC Paper No. CB(2)2572/08-09(11)]</p>	<p>mental illness and develop an accurate set of population mental health profile for effective planning of its mental health services, including community support services.</p>	<p>patients, including their conditions and treatment progress. These information are for reference by healthcare staff in considering the treatment for patients.</p> <p>To facilitate the Government's formulation of mental health policies and planning of mental health services, FHB has commissioned relevant professional and academic institutions to conduct studies on various areas of mental health, including the prevalence of major mental illnesses, mental health service delivery models and interventions to facilitate integration of mental patients into the community.</p>
2. Funding		
<p>The Democratic Party</p> <p>[LC Paper No. CB(2)2547/08-09(01)]</p> <p>Society for Community Organization/ Concern Group on People with Mental Illness</p> <p>[LC Paper No. CB(2)2572/08-09(11)]</p>	<p>(a) The public expenditure on mental health services at present accounts for only 0.2% of the Gross Domestic Product (GDP) of Hong Kong and is inadequate to meet the needs of the community. Specifically, the Society for Community Organization recommends that the Government spending on mental health services should be increased to 1% of GDP.</p>	<p>The funding allocation by the Government on mental health services has been increasing in recent years, with an annual expenditure over \$3 billion. The revised estimate of the expenditure in 2009-10 amounted to \$3.77 billion.</p> <p>The Government closely monitors the utilization of mental health services and suitably adjusts or enhances the services to better meet the service needs. From 2001-02 to 2009-10, the Government has provided \$283 million additional funding to HA and \$85.1 million to SWD to support a number of new initiatives. Furthermore, the Government is allocating additional recurrent funding of about \$109 million to HA in</p>

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		<p>2010-11 to launch new programmes for patients with severe mental illness and common mental disorders. A sum of \$78 million is used to pilot the case management programme in individual districts (Kwun Tong, Kwai Tsing and Yuen Long) to provide personalized and intensive community support to patients with severe mental illness. Another sum of \$31 million is used to enhance the treatment for patients with common mental disorders through closer collaboration between the psychiatric specialist outpatient clinics (SOPCs) and primary care services.</p> <p>The Government is also allocating an additional annual provision of about \$70 million to extend the service mode of the Integrated Community Centre for Mental Wellness (ICCMW) in Tin Shui Wai to all the districts in the territory with a view to providing one-stop community support services for persons with mental health problems and their family carers in the district.</p>
3. Manpower		
The Democratic Party [LC Paper No. CB(2)2547/08-09(01)]	(a) More resources should be deployed to increase the manpower for provision of mental health services.	<p><u>Response to items 3(a), 3(b) and 3(c)</u></p> <p>HA and SWD conducts manpower planning for mental health services from time to time in the light of the manpower situation in mental health services and the service development needs. The delivery of mental health services adopts an integrated and multi-disciplinary team approach involving psychiatrists, clinical psychologists, occupational</p>
Hong Kong Association for the Survivors of Women Abuse (Kwan Fook) [LC Paper No.	(b) HA should employ more psychiatrists so as to strengthen the support for ex-mentally ill persons. At present, some 300 psychiatrists are serving 150 000 mental ill patients.	

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<p>CB(2)2572/08-09(02)]</p> <p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	<p>(c) The Administration should increase the number of community psychiatric nurses with a view to providing individual follow-up services to ex-mentally ill persons. At present, the average caseload of each community psychiatric nurse is about 70 at one time.</p>	<p>therapists, psychiatric nurses, community psychiatric nurses and medical social workers. This approach allows flexible deployment of staff to cope with the service needs and operational requirements.</p> <p>HA has employed more psychiatric staff in recent years to strengthen the support for various mental health services. The number of psychiatrists in HA has increased from 212 in 2000-01 to 310 in 2009-10. The number of psychiatric nurses has also increased from 1,791 to 1,904 (including 136 community psychiatric nurses) during the same period. From 2005-06 to 2009-10, the number of medical social workers at the psychiatric units of public hospital and clinics has also increased from 166 to 198.</p> <p>In 2010-11, HA is recruiting additional 100 nurses and allied health staff to implement the case management programme for patients with severe mental illness, as well as additional 30 doctors/nurses/allied health professionals to implement the new initiative to enhance the treatment for patients with common mental disorders. SWD will also recruit 14 additional psychiatric medical social workers in 2010-11 to enhance the psychiatric medical social service.</p> <p>HA and SWD will continue to assess regularly its manpower requirements and make suitable arrangements in manpower planning and deployment. They will also work closely with relevant institutions to</p>

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		provide training to mental health service personnel.
4. Arrangements for discharge of psychiatric patients		
<p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	<p>(a) Before a patient is discharged from hospital, medical social workers should be consulted on the service needs of the patient. A patient can be discharged only after referrals to relevant Government departments and service agencies have been made, if necessary. Specifically, the Society for Community Organization/Concern Group on People with Mental Illness considers it necessary for HA to revise the definition of high-risk discharged patients and design a form to facilitate its psychiatrists to conduct assessment on the service needs of their patients, so that referral to medical social workers can be made for patients in need.</p>	<p><u>Response to items 4(a) and 4(b)</u></p> <p>HA has an established mechanism to conduct risk assessment before the discharge of psychiatric inpatients to ensure that the patient is fit for discharge, and to determine the most suitable discharge plan and rehabilitation programme for the patient. The assessment is conducted by a multi-disciplinary team comprising psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses and medical social workers. The scope of the assessment covers the extent of the patient's recovery, his propensity to violence, suicidal tendency, compliance in drug taking and attending follow-up consultation, and the availability of family and community support etc. Family members of the patient would also be consulted on the discharge arrangements.</p>
<p>Kwan Fook [LC Paper No. CB(2)2572/08-09(02)]</p>	<p>(b) There is a need to review the existing pre-discharge risk assessment for psychiatric patients to ensure that a suitable discharge plan and rehabilitation programme will be formulated for the patient, particularly the high risk patients who have a propensity to violence.</p>	<p>Under the existing mechanism, psychiatric patients with higher risks will be categorised for priority follow-up. The hospital will assign senior psychiatrist to further review the recommendations for the discharge of these patients after the assessment by the multi-disciplinary team. The patients will only be discharged after the senior psychiatrist has completed the review process and endorsed the multi-disciplinary teams' recommendations for their discharge.</p>

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		<p>Where patients are assessed to be suitable for discharge, the hospital will arrange for them to receive rehabilitation service to help them adapt to community life. Follow-up treatment at psychiatric SOPCs or psychiatric day hospitals or visits by community psychiatric nurses for the patients will also be arranged having regard to their treatment and rehabilitation needs. Referrals to medical social workers will also be made in the light of their welfare and other needs. Medical social workers provide counselling service for patients and their families in need to help them cope with emotional and family problems arising from the mental illnesses, and assist them in applying for various welfare benefits, community resources and relevant rehabilitation services.</p> <p>As for high-risk psychiatric patients who are categorised for priority follow-up, the hospital will arrange for community psychiatric nurses to provide special post-discharge follow-up services, including advanced home visits. Arrangements will also be made for senior psychiatrists to attend their follow-up consultation sessions at psychiatric SOPCs as far as possible so as to enhance the support for these discharged high-risk patients.</p> <p>Medical social workers, being members of the clinical teams, would also work with other medical and allied health professionals to draw up discharge plans for the patients, and assist the patients and their families in</p>

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		<p>need to apply for medical fee waivers, social security benefits, relevant rehabilitation services and community resources such as integrated home care services, compassionate rehousing, etc.</p> <p>HA and SWD will continue to keep the arrangements for the discharge of psychiatric patients and the implementation details under review in the light of the needs of mental patients for treatment and rehabilitation in the community.</p>
5. Post-discharge community support and rehabilitation services		
<p>The Hong Kong Council of Social Service [LC Paper No. CB(2)2572/08-09(04)]</p> <p>The Democratic Party [LC Paper No. CB(2)2547/08-09(01)]</p> <p>Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)]</p> <p>風雨同路 [LC Paper No. CB(2)2572/08-09(03)]</p>	<p>(a) The Administration should adopt a case management approach under which a professional will serve as a case manager to follow up on discharged mental patients, in particular those with severe mental illness, and assess their service needs in order to match them with the most appropriate community support services.</p>	<p>Having regard to past experience of using the case management approach in the provision of community support services (e.g. post-discharge community support service for frequently re-admitted psychiatric patients implemented in 2008-09, as well as the recovery support programme for discharged psychiatric patients implemented in 2009-10), HA has piloted a case management programme in individual districts (Kwun Tong, Kwai Tsing and Yuen Long) in 2010-11 and train up healthcare staff as case managers to provide continuous and personalised intensive support to persons with severe mental illness in the community settings. Under the programme, the case manager will establish a long-term and close service relationship with the patients and their family members in order to better understand the needs of the patients, including treatment, rehabilitation and other daily needs. The case managers will then coordinate and arrange for the</p>

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<p>Hong Kong College of Mental Health Nursing [LC Paper No. CB(2)2525/08-09(04)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>		<p>patients to receive various services. The case managers will also establish linkages with the mental health service providers of the social welfare sector through the ICCMWs to be set up by SWD in various districts in 2010-11. The purpose is to arrange one-stop social rehabilitation services for patients in need and to further enhance the collaboration between the medical and social welfare service systems. About 5,000 patients will benefit from the programme in 2010-11.</p>
<p>Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)]</p>	<p>(b) Multi-disciplinary case conferences should be conducted on a regular basis for high-risk discharged psychiatric patients to assess their needs and progress of recovery.</p>	<p>Please refer to the response under <u>items 4(a) and 4(b)</u> on the discharge arrangements and post-discharge support for psychiatric patients. After the discharge of patients, various personnel providing community support services, including healthcare staff, medical social workers and service providers of the social welfare sector, will maintain close collaboration and communication regarding the support for the patient as well as his/her treatment and rehabilitation progress. If necessary, case conference will be convened for service personnel to discuss individual cases.</p> <p>As detailed in the response under <u>item 5(a)</u>, under the case management programme for patient with severe mental illness implemented by HA in 2010-11, case managers will take up the coordinating role in assessing the needs of patients with severe mental illness and arranging for delivery of appropriate services to them in the community settings.</p>

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<p>The Hong Kong Council of Social Service [LC Paper No. CB(2)2572/08-09(04)]</p> <p>Tung Wah Group of Hospitals Wong Chuk Hang Complex [LC Paper No. CB(2)2572/08-09(08)]</p>	<p>(c) The Administration should allocate additional resources to rationalise the services currently provided under Community Mental Health Link (CMHL), Community Mental Health Care Services (CMHC) and Community Mental Health Intervention Project (CoMHIP) by setting up district-based community centres to provide one-stop and integrated community support and rehabilitation services to discharged mental patients and persons with suspected mental health problems using a case management approach. These centres should be supported by a multi-disciplinary team comprising psychiatrists, psychiatric nurses, occupational therapists and medical social workers, etc.</p>	<p><u>Response to items 5(c) and 5(d)</u></p> <p>The first ICCMW in Tin Shui Wai started operation in March 2009 to provide one-stop, accessible and integrated community support services to discharged mental patients, persons with suspected mental health problems, their families/carers and residents living in the district. ICCMWs' integrated services, ranging from early prevention to risk management, are provided through public education, day training, counseling, outreaching visits and where required, direct liaison with the HA for urgent medical consultation to meet the varying needs of service users.</p> <p>Having reviewed this new service model, SWD will revamp the existing community support services and set up ICCMWs in all the 18 districts throughout the territory in 2010-11. The case managers under HA's case management programme for patients with severe mental illness will collaborate with the ICCMWs in the provision of community support services for these patients. Details are in the response under <u>item 5(a)</u>.</p>
<p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p>	<p>(d) The service mode of the Integrated Community Centre for Mental Wellness at Tin Shui Wai should be expanded across the territory so as to provide one-stop community support and social rehabilitation services for residents, discharged mental patients, persons with suspected mental health problems and their families/carers in each district.</p>	
<p>Hong Kong College of Mental Health Nursing [LC Paper No.</p>	<p>(e) The Administration should set up (a) home care teams to conduct assessment and provide care and home visits to patients and their families;</p>	<p>At present, HA provides medical rehabilitation services to people recovering from mental illness through its integrated and multi-disciplinary community</p>

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CB(2)2525/08-09(04)]	and (b) multi-disciplinary crisis resolution teams in each hospital cluster to provide round-the-clock community support to patients with severe mental illness.	<p>psychiatric teams. The range of services available includes risk management, home visit, telephone consultation, etc. HA also arranges for community psychiatric nurses to provide outreach visits to individual high-risk patients to follow up on their progress of treatment and rehabilitation.</p> <p>HA has also piloted a case management programme in 2010-11 to provide intensive support to persons with severe mental illness in the community settings. Details are in the response under item 5(a).</p>
<p>Tung Wah Group of Hospitals Wong Chuk Hang Complex [LC Paper No. CB(2)2572/08-09(08)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	(f) NGOs operating community support services under the funding of SWD, including the Community Rehabilitation Day Services, should be given flexibility to extend the duration of case follow-up where necessary.	In 2010-11, SWD will revamp the existing Community Rehabilitation Day Service (CRDS), Community Mental Health Link (CMHL) and Community Mental Health Care Services (CMHC) to set up ICCMW in all the 18 districts. ICCMWs provide their service users with integrated support services flexibly to meet their various needs.
The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]	(g) The Administration should (a) subsidise NGOs to set up 12-hour hotlines to provide telephone counselling services to ex-mentally ill persons living in the community and their families; (b) provide additional places for sheltered workshops and supported hostels so as to	<p>HA is already operating a 24-hour telephone psychiatric advisory service to provide information and advice relating to mental health issues.</p> <p>To assist PWDs (including ex-mentally ill persons and teenagers with early signs of mental illness) to improve</p>

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	<p>shorten the waiting time for such services; and (c) explore the effective service model to meet the respective service needs of the young and the middle-class psychiatric patients.</p>	<p>their social adjustment capabilities and enhance their social and vocational skills, SWD provides various day training and vocational rehabilitation services through the Training and Activity Centre for Ex-mentally Ill Persons, Sheltered Workshops, Supported Employment, Integrated Vocational Rehabilitation Services Centres, Integrated Vocational Training Centres, On the Job Training Programme for People with Disabilities and Sunnyway - On the Job Training Programme for Young People with Disabilities.</p> <p>As for residential services, SWD will provide 175 additional long stay care home places and 40 support hostel places in the next three years. SWD will continue to identify resources and premises for provision of more residential care places.</p>
<p>6. Outreaching services to ex-mentally ill persons</p>		
<p>Tung Wah Group of Hospitals Wong Chuk Hang Complex [LC Paper No. CB(2)2572/08-09(08)]</p>	<p>(a) The Administration should strengthen its support to the outreach services operated by NGOs under the funding of SWD, with a view to covering all ex-mentally ill persons who are in need of such services. At present, CMHCS and CoMHIP are targetted only at newly discharged mental patients from psychiatric wards/hospitals/halfway houses and persons in the community with suspected mental health problems and/or their family members respectively.</p>	<p><u>Response to items 6(a) and 6(b)</u></p> <p>In 2010-11, the Government will pool together the existing resources of the community mental health support service and allocate an additional annual provision of about \$70 million for revamping the services and extending the service model of ICCMW to all the 18 districts to provide one-stop and district-based, accessible and integrated community mental health support services and to persons with mental health problems and their families/carers.</p>
<p>Society for Community</p>	<p>(b) The Administration should increase the number</p>	<p>ICCMWs' integrated services, ranging from early</p>

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Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]	of outreaching visits to ex-mentally ill persons in the community, in particular the singleton persons.	prevention to risk management, including public education, day training, counseling, outreaching visits and where required, direct liaison with the HA for urgent medical consultation to meet the varying needs of service users. Details are set out in the response under <u>items 5(c) and 5(d)</u> .
7. Psychiatric specialist out-patient services		
Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)2594/08-09(01)] The Democratic Party [LC Paper No. CB(2)2547/08-09(01)] Hong Kong FamilyLink Mental Health Advocacy Association [LC Paper No. CB(2)2572/08-09(10)] Circle of Friends [LC Paper No. CB(2)2540/08-09(01)] Society for Community Organization/ Concern Group on People with Mental	(a) HA should provide evening services at psychiatric specialist out-patient clinics (SOPCs) in each hospital cluster to enable ex-mentally ill persons who have to work during daytime to schedule their consultations in the evening. According to Circle of Friends, patients of the psychiatric SOPC of the Kowloon West Cluster are required to register by 4:30 pm on the appointment day, albeit that the service hours of the SOPC have been extended to end at 6:00 pm on Mondays to Fridays.	HA implemented psychiatric SOPC evening consultation service on a trial basis in Kwai Chung Hospital in the Kowloon West Cluster from 2001 to 2005. During that period, among the 35,000 patients receiving psychiatric SOPC services in Kowloon West Cluster each year, only 0.2%, or 60-80 patients, used the evening consultation service. After reviewing the effectiveness of the service and having considered that patients may receive more comprehensive support services such as day hospital, allied health and social services during daytime, HA terminated the evening consultation service in 2006. Nonetheless, to facilitate patients working during daytime in attending consultation in late afternoons, HA has extended the service hours of its psychiatric SOPCs on Mondays to Fridays. It will continue to monitor the service utilization and make adjustments where necessary.

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
Illness [LC Paper No. CB(2)2572/08-09(11)]		
Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)2594/08-09(01)] The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]	(b) The consultation time for patients attending follow-up consultations at psychiatric SOPCs, which currently is about five minutes, is inadequate to ensure detailed assessment of the clinical conditions and treatment needs of patients. To ensure quality care for patients, the Mental Health Association of Hong Kong called on HA to increase the number of psychiatrists to improve the doctor-to-patient ratio at psychiatric SOPCs.	Psychiatrists at HA's psychiatric SOPCs determine the duration of the consultation session based on the clinical condition and treatment needs of patients. In general, patients having their first appointment at psychiatric SOPCs are seen for around 45 minutes. For patients attending follow-up consultations, their consultation time will be more flexibly adjusted depending on their individual conditions. For details about psychiatric manpower in HA, please refer to the response under <u>items 3(a), 3(b) and 3(c)</u> .
Hong Kong College of Mental Health Nursing [LC Paper No. CB(2)2525/08-09(04)]	(c) HA should set up nurse clinic to relieve the workload and shorten the waiting time of the psychiatric SOPCs. Target groups of nurse clinic should be patients with a diagnosis of schizophrenia, bipolar disorders or major depression but are in stable conditions, as well as patients with mild mental health problem.	HA has stepped up the development of various support services at psychiatric SOPCs to enhance service quality. Relevant measures include piloting nurse clinic service to provide patients at psychiatric SOPCs with extended nursing care after treatment. To shorten the waiting time at psychiatric SOPCs, HA has set up triage clinics at the psychiatric SOPCs in five clusters in 2009-10. The triage clinics provide consultation services to patients classified as routine cases. Moreover, to enhance the support for patients with common mental disorders, HA has introduced a new initiative in 2010-11 to promote collaboration between psychiatric SOPCs and primary healthcare service. About 7 000 patients will benefit from the

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
		initiative in 2010-11.
8. Medication		
Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)2594/08-09(01)]	(a) HA should increase the use of new psychiatric drugs which has proven efficacy with fewer side effects, such as injectable risperidone. Local research also suggests that the use of risperidone can reduce the number of days patients stay in hospitals and their visits to ambulatory and emergency departments.	<u>Response to items 8(a) and 8(b)</u> In prescribing psychiatric drugs, the major consideration of doctors is the clinical conditions and treatment needs of patients in order to achieve optimal treatment outcome and facilitate the early recovery of patients. Healthcare staff assesses the clinical conditions of each patient and maintains close communication with them in order to understand their needs and prescribe them with suitable medication having regard to their clinical conditions. HA will continue to ensure that this is followed by healthcare staff in the prescription of drugs.
Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)] Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]	(b) The existing policy of HA is to promote the use of new anti-psychotics to minimise the disruption to patients' daily life arising from the side effects of drugs and further optimise treatment outcome. HA should ensure that its frontline doctors will follow this policy when prescribing psychiatric drugs for patients.	In recent years, the Government has provided HA with additional recurrent allocation to provide new psychiatric drugs, including anti-psychotics, anti-depressants and anti-dementia drugs, to more patients in need of the drugs. Moreover, with additional funding from the Government in 2010-11, HA will further expand the use of atypical anti-psychotics with proven effectiveness and provide the drugs to mental patients who have suitable clinical conditions. HA will also continue to review the use of psychiatric drugs under its established mechanism.

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
9. Employment services		
<p>Hong Kong FamilyLink Mental Health Advocacy Association [LC Paper No. CB(2)2572/08-09(10)]</p> <p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	<p>(a) The Administration should step up its efforts to enhance the employment opportunities of ex-mentally ill persons to facilitate their reintegration into society.</p>	<p><u>Response to items 9(a) and 9(b)</u></p> <p>The Administration is fully committed to facilitating and promoting the employment of PWDs, including the ex-mentally ill persons. Our policy objectives are to enhance the abilities of PWDs, develop their talents and potential, and ensure that they have equal opportunity to participate in productive and gainful employment in the open market. To this end, the Administration has provided a wide range of vocational rehabilitation services and employment services for PWDs, and introduced a host of initiatives to enhance their employment opportunities.</p>
<p>Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)]</p> <p>Circle of Friends [LC Paper No. CB(2)2540/08-09(01)]</p> <p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p>	<p>(b) The Administration should promote the employment of persons with disabilities (PWDs) in the private sector in a step-by-step manner by first introducing within the Government and public organisations an employment quota for PWDs, including the ex-mentally ill persons; and working in partnership with social welfare organisations to provide ex-mentally ill persons with jobs and internship opportunities.</p>	<p>The Administration has also established and implemented the policy on employment of PWDs within the Government, and strive to encourage subvented organisations to formulate suitable policies and measures on employment of PWDs, having regard to their business nature and size of establishment; and to facilitate cross-sectoral collaboration among the business sector, local communities, government departments and non-governmental organizations in promoting the employment of PWDs, thereby supporting the self-reliance of PWDs and their full integration into the community. These policies, measures and services are all applicable to ex-mentally ill persons.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
		<p>The Administration has reservation on introducing a mandatory employment quota for PWDs given that –</p> <p>(i) a quota system has not been proven successful overseas in helping PWDs find jobs;</p> <p>(ii) under a mandatory employment system, PWDs will be perceived as a liability, making them difficult to be accepted by their peers at work;</p> <p>(iii) we should help PWDs find appropriate jobs on the basis of their abilities rather than disabilities; and</p> <p>(iv) a majority of our companies in the private sector are small and medium sized enterprises. Imposing an employment quota on them will adversely affect their operation. If they were to be exempted, then a quota system could hardly achieve the desired outcome.</p>
<p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p>	<p>(c) The Administration should provide additional places for the on the job training programme for people with disabilities and increase the training allowance for participants joining the programme in order to enhance the ex-mentally ill persons' employability.</p>	<p>SWD launched “On the Job Training Programme for People with Disabilities” (OJT) in 2001 with a view to enhancing the employability and employment opportunity of PWDs through individual counselling, job matching, job attachment, and providing employers with wage subsidy. In 2005, SWD further launched “Sunnyway - On the Job Training Programme for Young People with Disabilities” (Sunnyway) for young PWDs or early signs of mental illness. The programme content of Sunnyway is designed on the basis of OJT, with an additional 180-hour employment</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
		<p>training to each trainee. As at March 2010, a total of 743 training places were provided by these two programmes. The training allowance of these two programmes is not job-related remuneration. It aims at providing incentive to encourage PWDs to participate in vocational rehabilitation services. Besides, SWD conducts regular review on each vocational rehabilitation service (including the aforementioned programmes) so as to meet service demand and facilitate the service development.</p>
10. Support to self-help organisations for ex-mentally ill persons		
<p>精神病康復者同路人小組 [LC Paper No. CB(2)2572/08-09(06)]</p> <p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	<p>(a) The Administration should enhance the recognition and support to SHOs. In addition to SWD's existing financial support scheme for SHOs for PWDs which subsidises their staff costs and programme expenses, consideration can be given to providing additional financial support to SHOs for setting up of offices, employment of social workers and delivery of new services.</p>	<p>It is the Government's rehabilitation policy objective to promote the development of self-help organisations for PWDs with a view to enhancing the spirit of self-help and mutual help amongst PWDs and their families/carers. To facilitate the development of self-help organizations, financial support has been provided since 2001. Currently, a total funding of \$17.08 million has been given to 56 self-help organizations to subsidise their staff costs and programme expenses for the period from 1 April 2010 to 31 March 2012. Further allocation of \$2.67 million was provided to 50 self-help organizations and 7 parent associations in 2008 to strengthen support for carers and improve their facilities. As an established practice, representatives of self-help organizations are invited to actively participate in the development of rehabilitation policies and services.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
11. Services for families/carers of ex-mentally ill persons		
<p>Hong Kong FamilyLink Mental Health Advocacy Association [LC Paper No. CB(2)2572/08-09(10)]</p> <p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	<p>(a) The Administration should enhance the support for families and carers of ex-mentally ill persons. Specifically, the Hong Kong FamilyLink Mental Health Advocacy Association recommends that the Administration should improve access of families and carers to practical advice and information on mental illness and treatments; assess whether patients assessed to be suitable for discharge can be adequately cared for by their families; and allocate additional funding to NGOs providing support services for families and carers of ex-mentally ill persons.</p>	<p><u>Response to items 11(a) and 11(b)</u></p> <p>We recognize that family's/carers' support plays a vital part in community rehabilitation of ex-mentally ill persons. As mentioned in the response under items 4(a) and 4(b), before the discharge of a psychiatric patient, healthcare staff would consult family members of the patient on the discharge arrangements under the current mechanism of HA. Moreover, to support family and carers in caring for mental patients, the psychiatric units of HA provide information and advice to patients, their families and carers on treatment and medication compliance of patients. The community psychiatric nurses also remind patients to take medication regularly, and give advice and support to family members and carers regarding patients' compliance with treatment during the outreach visits to patients' residential places.</p> <p>Meanwhile, SWD will continue to provide support and training to the family members / carers through parents/carers support groups, parent/relatives resource corners, ICCMWs etc. to strengthen their capacities in taking care of their family members with mental illness and help relieve their pressure.</p>
<p>Family Dynamics Network [LC Paper No. CB(2)2572/08-09(07)]</p>	<p>(b) The Administration should formulate social welfare policies to support family carers of discharged chronic mental patients.</p>	
12. Others		
<p>The Hong Kong Council</p>	<p>(a) The Administration should step up its efforts on</p>	<p>LWB, in collaboration with various government</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
<p>of Social Service [LC Paper No. CB(2)2572/08-09(04)]</p> <p>Hong Kong FamilyLink Mental Health Advocacy Association [LC Paper No. CB(2)2572/08-09(10)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p> <p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	<p>public education and promotion to raise the general public's understanding of mental illness, thereby reducing stigma against mentally ill persons and enhancing the public's acceptance of people who have recovered from mental illness.</p>	<p>departments, non-governmental organisations and the media, has been organising annually the "Mental Health Month" since 1995. During the event, a series of territory-wide and district-based publicity campaigns are launched to enhance the awareness of the general public on mental health, promote public acceptance of persons with mental illness and encourage social inclusion of persons recovering from mental illness. RAC also takes active steps at district level to encourage public acceptance of persons recovering from mental illness and promote public support for these people to integrate into society, including establishment of collaboration with the 18 DCs to launch publicity activities and provide subsidies to various community organisations in the districts to organise a wide range of public education programmes under the themes of "mental health" and "working towards an inclusive and barrier-free society for PWDs", so as to foster community inclusion. We will continue to launch relevant activities.</p>
<p>精神病康復者同路人小組 [LC Paper No. CB(2)2572/08-09(06)]</p>	<p>(b) The Administration should review the policy of requiring all Comprehensive Social Security Assistance (CSSA) applications be made on a household basis so that the eligibility of ex-mentally ill persons living with family members can be assessed on an individual basis.</p>	<p>Since families constitute the core units of our community, CSSA applicants (including ex-mentally ill persons) living with their family members are required to make their applications on a household basis. In determining whether a family is eligible for assistance, resources and needs of the whole family have to be taken into account. This requirement seeks to encourage family members to render assistance and</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
		support to each other. Income-earners should take up the responsibility of supporting their family members who have no financial means instead of singling out these members to apply for assistance on their own, thus shifting the responsibility of supporting these members to taxpayers.
Kwan Fook [LC Paper No. CB(2)2572/08-09(02)]	(c) The Administration should (a) conduct psychological assessment for victims of domestic violence and their children, as early detection and intervention of mental health problems can enhance the chance of recovery; and (b) conduct fatality review for mental ill persons and victims of domestic violence to facilitate improvement of the current service systems and identify patterns for formulation of prevention strategies.	<u>Response to items 12(c) and 12(d)</u> We recognize that early detection and intervention of mental health problems can enhance the chance of recovery and reduce the seriousness of resulting disability. We have launched a number of community-based outreach programmes through the collaboration of HA and SWD for early identification of persons with signs of mental health problems in various settings including schools, families and in the community with a view to providing early counselling and treatment. These programmes, such as the Early Assessment and Detection of Young Persons with Psychosis, Child and Adolescent Mental Health Community Support Project and Community Mental Health Intervention Project, are specially designed to cater for different target groups and have all achieved positive results. We will continue our efforts in the early detection and intervention of mental health problems so as to provide timely support to people in need.
Street Sleepers Action Committee Ltd [LC Paper No. CB(2)2547/08-09(02)]	(d) HA should, at the request of social workers, provide psychiatric assessment and treatment to those street sleepers with signs of mental health problems.	
風雨同路	(e) To enhance the financial support for	Both the CSSA and Disability Allowance (DA)

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
<p>[LC Paper No. CB(2)2572/08-09(03)]</p>	<p>ex-mentally ill persons who are in need, the Administration should (a) scrap the seven-year residence requirement for applying for CSSA and Disability Allowance; and (b) give CSSA applicants who are ex-mentally ill persons a cushion period during which they are not required to enroll in the Support for Self-reliance Scheme as a condition of receiving assistance.</p>	<p>Schemes are non-contributory and entirely funded by general revenue. The Government has the responsibility to ensure a rational basis on which the public resources are allocated and to help sustain a non-contributory social security system. Along this principle, CSSA/DA applicants must satisfy the prescribed eligibility criteria, including the residence requirement of having been a Hong Kong resident for at least seven years (i.e. the seven-year residence requirement). Under the existing policy, CSSA/DA applicants aged below 18 are exempted from the pre-application residence requirements (including the seven-year residence requirement). Applicants aged 18 or above and have become Hong Kong residents before 1 January 2004 are also exempted from the seven-year residence requirement.</p> <p>Under the CSSA Scheme, in cases of genuine hardship, CSSA may be granted at the discretion of the Director of Social Welfare (DSW) to an applicant (including ex-mentally ill persons) who does not satisfy the seven-year residence requirement. DSW will take into account all relevant factors of the case to establish whether there is genuine hardship.</p> <p>In addition to satisfying the residence requirement and financial tests, able-bodied persons aged 15 to 59 and being unemployed or working part-time or earning less than the prescribed amount set by the SWD have to enrol in the Support for Self-reliance (SFS) Scheme as a</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions	Administration's response
		condition of receiving assistance. The SFS Scheme aims to encourage and assist employable CSSA applicants to move towards full-time paid employment and self-reliance while providing them with financial assistance. If the applicant (including ex-mentally ill persons) is medically certified to be unfit to work or disabled, he will be exempted from participating in the SFS Scheme.

Food and Health Bureau
Labour and Welfare Bureau
Hospital Authority
Social Welfare Department

May 2010

**For information
on 11 May 2010**

Legislative Council Panel on Health Services

New Mental Health Service Programmes in the Hospital Authority

PURPOSE

This paper introduces the new mental health service programmes launched by the Hospital Authority (HA) in 2010-11 to enhance support for persons with mental health problems.

BACKGROUND

Mental health policy

2. The Government is committed to promoting mental health through the provision of a comprehensive range of mental health services on early intervention, medical treatment and community support. We adopt a multi-disciplinary and cross-sectoral team approach in delivering mental health services with a view to catering for the needs of persons with mental health problems in a holistic manner. The Food and Health Bureau (FHB) assumes the overall responsibility of coordinating mental health policies and service programmes by working closely with the Labour and Welfare Bureau, HA, Social Welfare Department (SWD) and other relevant parties.

Resources and service enhancements in recent years

3. The services for persons with mental health problems have been strengthened in recent years with additional resources. The funding allocation by the Government on mental health services has been increasing in recent years with an annual expenditure of above \$3 billion. The revised estimate of the Government's expenditure on mental health services in 2009-10 amounted to \$3.77 billion. From 2001-02 to 2009-10, the Government has provided additional funding of \$283 million to HA and \$85.1 million to SWD to implement a series of new initiatives.

4. Among the major initiatives implemented are the use of psychiatric drugs with less disabling side effects, intensive rehabilitation service in home-like settings for long stay mental patients in hospitals, early assessment for young persons with psychosis, prevention of elderly suicide through early detection of depression, support to discharged mental patients particularly the

frequently readmitted patients, psychogeriatric outreach services for the elderly in private old aged homes, psychiatric consultation-liaison service at accident and emergency departments and the setting up of triage clinics at psychiatric specialist outpatient clinics (SOPCs). We have also enhanced the manpower for mental health services by increasing the number of psychiatrists, psychiatric nurses, medical social workers, etc.

NEW PROGRAMMES OF HA TO ENHANCE THE SUPPORT FOR MENTAL PATIENTS IN 2010-11

5. At present, over 150,000 persons with mental health problems are receiving treatment and support through the hospitals, psychiatric SOPCs and community services of HA. Among them, around 40,000 are diagnosed with severe mental illness (such as psychosis) and around 70,000 are diagnosed with common mental disorders (such as neuroses and affective disorders). HA has launched two new programmes to enhance the support for these two major groups of mental patients. Details of the programmes are set out in the ensuing paragraphs.

Case Management Programme for persons with severe mental illness

6. In the light of the international trend to divert the focus of the treatment of mental illness from inpatient care to community and ambulatory services, we seek to enhance the support services to patients in community settings in order to achieve better treatment outcome and facilitate their recovery and re-integration into the community. For patients with severe mental illness, those in stabilized conditions may be discharged from hospitals to continue their treatment and rehabilitation in the community, subject to risk assessment by a multi-disciplinary team of healthcare personnel comprising psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers.

7. Patients with severe mental illness who reside in the community have various needs in their daily life. Their conditions call for the adoption of a coordinated approach to provide personalized care to them. To enable the provision of intensive, continuous and personalized support to these patients, HA has launched the Case Management Programme (CMP) for persons with severe mental illness.

8. Each patient covered by CMP has a designated case manager to follow-up on his/her care. The case manager will establish a close service relationship with the patient and develop an individual care plan having regard to the patient's needs and risk profile. The case manager will maintain contact with the patient throughout the recovery journey, coordinate and arrange for the delivery of appropriate services to the patient. He/she will at the same time

monitor the progress of recovery and make prompt arrangements for the patient to receive treatment when there is sign of relapse of mental illness. In discharging his/her functions, the case manager will work closely with various service providers, particularly the Integrated Community Centres for Mental Wellness, the first of which was set up in Tin Shui Wai in March 2009 and operated by a non-governmental organization under SWD's subvention to provide one-stop, integrated and accessible community support services to discharged mental patients, persons with suspected mental health problems, their families/carers and residents in the district.

9. The CMP has been launched as pilots in Kwai Tsing, Kwun Tong and Yuen Long districts where relatively more patients with severe mental illness reside. The target is to serve 5,000 patients within the year. Around 80 to 100 additional psychiatric nurses and allied health professionals with experience in mental health services will be recruited in the year to serve as case managers for the Programme. They will be provided with structured training on case management through intensive classroom teaching, structured workshops and practicum with supervision. It is estimated that the pilot CMP will incur a total sum of \$78 million in 2010-11. Subject to the evaluation of the pilot programme, HA will roll it out to other districts in the coming years.

10. Meanwhile, with an additional funding of \$70 million in 2010-11, SWD will expand the service model of the Integrated Community Centres for Mental Wellness across the territory and strengthen the manpower of these centres to provide comprehensive and accessible services to persons in need. These centers will work in close collaboration with the case managers under the CMP of HA to provide effective support for persons with severe mental illness.

Common Mental Disorder Clinics and Integrated Mental Health Programme

11. In 2009-10, HA set up triage clinics at the psychiatric SOPCs in five of the clusters (Hong Kong East, Kowloon East, Kowloon West, New Territories East and New Territories West clusters) to provide timely assessment and consultation for patients with common mental disorders and other relatively mild conditions who were triaged as routine cases. The triage clinics successfully helped to shorten the waiting time of routine cases, with the median waiting time for first appointment of these cases reduced from 17 weeks in 2008-09 to 8 weeks in 2009-10.

12. Based on the service model of the triage clinics, HA has set up Common Mental Disorder Clinics (CMDCs) at the psychiatric SOPCs to further enhance the support for persons with common mental disorders. The CMDCs provide patients waiting for appointment at psychiatric SOPCs with assessment and services. Depending on their conditions and needs, patients may receive pharmacological treatment and allied health services such as psychological

therapy by clinical psychologists or occupational therapists at the CMDCs. A total of seven CMDCs (with one in each of the seven hospital clusters) have been set up and they have subsumed the triage clinics previously set up in five clusters. It is estimated that they will altogether provide 23,000 consultations and 8,400 allied health service attendances a year.

13. Meanwhile, an Integrated Mental Health Programme (IMHP) will be introduced later this year at the family medicine specialist clinics (FMSCs) and general outpatient clinics (GOPCs) of HA to foster collaboration between the CMDCs and primary care services for better support to patients. Under the IMHP, patients with stabilized conditions from the CMDCs will be provided with maintenance treatment in the primary care settings by family medicine specialists and general practitioners working in multi-disciplinary teams. The IMHP will also screen, assess and treat other patients at FMSCs and GOPCs with signs of mental health problems so as to relieve their conditions as early as possible and enhance their chance of recovery. To facilitate the management of mental patients in the primary care settings, psychiatrists will share the clinical practices and protocols with primary care personnel.

14. The IMHP will be piloted in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East clusters in the latter half of 2010-11. A total of around 13,800 consultations will be provided at FMSCs and GOPCs under the pilot programme in the year. The setting up of the CMDCs and the implementation of the IMHP will involve additional manpower of 30 doctors, nurses and allied health professionals and a total sum of about \$31 million.

Other enhancement measures

15. In 2010-11, HA will further expand the provision of new psychiatric drugs with proven effectiveness to 2,000 additional patients under suitable clinical conditions in order to optimize their treatment outcome. The estimated additional recurrent expenditure involved is \$10 million. HA will continue to review the use of psychiatric drugs under its established mechanism.

WAY FORWARD

16. The Government keeps its mental health policy and services under review and makes necessary adjustment and enhancement in response to changes in social circumstances and service needs. The Working Group on Mental Health Services (the Working Group), which is chaired by the Secretary for Food and Health and comprises academics and relevant professionals and service providers, assists the Government in reviewing our mental health services on an ongoing basis. There is a subgroup under the Working Group to study in-depth the demand for mental health services and the relevant policy

measures. The subgroup is supported by three expert groups comprising professionals with relevant service experience to study the service needs of different age groups (children and adolescents, adults, and elderly). The deliberation of the Working Group and its subgroup/expert groups have contributed to the formulation of the two new programmes for mental health services introduced in the foregoing.

17. To enhance the mental health services in response to the needs of the community in a systematic manner, HA is developing a mental health service plan for adults for 2010-2015, setting out the goals, objectives and action priorities for the mental health services for adults in the next five years. In formulating the service plan, HA has taken account of the views of the Working Group and its subgroup and relevant expert group. HA will consult relevant service providers, patients, carers, and other stakeholders on the service plan in the coming months. Meanwhile, HA will consider developing similar service plans for other age groups having regard to the deliberations in the Working Group.

ADVICE SOUGHT

18. Members are invited to note the content of the paper.

Food and Health Bureau
Labour and Welfare Bureau
Hospital Authority
Social Welfare Department

May 2010